



DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Weekly Time Sheet

Employee Name <i>(Last, First, Middle)</i>											Personnel Number:						Data Entry Period Begins: <i>(MM/DD/YY)</i>									
Time keeper use only				Business Area							Personnel Area							Date Entry Period Ends: <i>(MM/DD/YY)</i>								
REC CCTR	REC WBS	REC ORDER	WAGE TYPE	A/A TYPE	SUN	FROM	TO	MON	FROM	TO	TUE	FROM	TO	WED	FROM	TO	THR	FROM	TO	FRI	FROM	TO	SAT	FROM	TO	

TOTAL HOURS WORKED (ATTN):

TOTAL HOURS SICK:

TOTAL HOURS ANNUAL:

TOTAL HOURS MILV (MILITARY W/PAY):

TOTAL MILL (MIILITAY W/O PAY)

TOTAL HOURS FMLS (FM SICK):

TOTAL HOURS FMLA (FM ANNUAL):

TOTAL HOURS FMLL (FM LWOP):

TOTAL HOURS CP10 (COMP 1X):

TOTAL HOURS CP15 (COMP 1.5X):

TOTAL HOURS LWOP:

TOTAL HOURS OTHER:

(SPECIFY LEAVE TYPE)

AUTHORIZATION: I hereby certify that the above information is correct. **GRAND TOTAL:** _____

Employee Signature		Date (MM/DD/YY)
Supervisor's Signature	Keyed by	Date (MM/DD/YY)